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**MEDICINE REGISTER - NAME OF CHILD:** \_\_\_\_\_

| DATE | TYPE OF MEDICINE | DOSAGE/VOLUME | FREQUENCY (TIME) | TIME GIVEN | SIGNATURES                                              |
|------|------------------|---------------|------------------|------------|---------------------------------------------------------|
|      |                  |               |                  |            | <hr/> Signature (Parent)<br><br><hr/> Signature (Staff) |
|      |                  |               |                  |            | <hr/> Signature (Parent)<br><br><hr/> Signature (Staff) |